# IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Ange	el Mario	oni-Melendez,		
Your J	full name	·	FEDERAL TORTS CI COMPLAINT	
v.			Civil Action No.: 2:14-6 (To be assigned by the Clerk	<del></del>
UNI	ΓED STA	TES OF AMERICA		
I.	JURISE	DICTION		AUG - 1 2014
		jurisdiction over this action and Title 28 U.S.C. Section 1		TERESA L DEPPNER, CLERK . Sections in Southern District of West Virginia
II.	PLAIN	<u>liff</u>		
	m A below, j space prov	place your full name, inmate numb vided.	per, place of detention, and comp	olete mailing address
*		our full name: <u>Angel Marior</u> ddress: <u>FCI Gilmer PO Box</u>		: <u>16638=051</u>
III.	PLACE	OF PRESENT CONFINEM	<u>IENT</u>	
Nam Priso	ne of on/Institut	ion: Federal Corrections	Institution Gilmer	
	A. I	s this where the events conce  ☐ Yes ☐ No	erning your complaint took	place?
<del>Uni</del>	ted States Dis	trict Court 7	Northern District of West	Virginia-2013

		•	answered "NO," where did the events occur? Spring Correctional Center
		-	
IV.	PRE	VIOUS	<u>S LAWSUITS</u>
	A.		you filed other lawsuits in state or federal court dealing with the same involved in this action?   Yes No
	В.	is mo	our answer is "YES", describe each lawsuit in the space below. If there are than one lawsuit, describe additional lawsuits using the same formate a separate piece of paper which you should attach and label: "IV VIOUS LAWSUITS"
		1.	Parties to this previous lawsuit:
			Plaintiff(s):
		2.	Court:  (If federal court, name the district; if state court, name the county)
		3.	Case Number:
		4.	Basic Claim Made/Issues Raised:
		5.	Name of Judge(s) to whom case was assigned:
		6.	Disposition:(For example, was the case dismissed? Appealed? Pending?)
		7.	Approximate date of filing lawsuit:

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	8. Approximate date of disposition. Attach copies:
C.	Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?  ☑ Yes □ No
D.	If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought. Generally, see Appendix of Administrative Record, enclosed herewith. Note as well, Claimant has conducted full FBoP "BP",  Inmate Request for Administrative Remedy Requests and Appeals, (FBoP), and Complaints with GEO Group, and Notice of Intent (Claim
E.	Did you exhaust <u>ALL</u> available administrative remedies?  ☐ Yes ☐ No
F.	If your answer is "YES,", briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted. Generally, see Appendix of Administrative Record, enclosed herewith. Note as well, Claimant has
	conducted full FBoP "BP", Inmate Request for Administrative Remedy Requests and Appeals, (FBoP), and Complaints with GEO Group, and Notice of Intent (Claim)
G.	If you are requesting to proceed in this action <i>in forma pauperis</i> under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"
	1. Parties to previous lawsuit:
	Plaintiff(s):
	Defendant(s):

		2.	Name and location of court and case number:
		3.	Grounds for dismissal: □ frivolous □ malicious □ failure to state a claim upon which relief may be granted
		4.	Approximate date of filing lawsuit:
		5.	Approximate date of disposition:
V.	ADM	IINIST	TRATIVE REMEDIES PURSUANT TO THE FTCA
	A.		you file an <u>FTCA Claim Form (SF-95)</u> , or any other type of written e of your claim, with the appropriate BOP Regional Office?  es □ No
	В.	If you	ur answer is "YES," answer the questions below:
		1.	Identify the type of written claim you filed:
		2.	Date your claim was filed:
		3.	Amount of monetary damages you requested in your claim:
		4.	If you received a written Acknowledgment of receipt of your claim from the BOP, state the:
		-	I. Date of the written acknowledgment:
	C.	agen or ar	our claim involves individuals who are employed by government cies <b>other than the BOP</b> , did you file an <u>FTCA Claim Form (SF-95)</u> , by other type of written notice of your claim with the appropriate ternment agencies?   Yes  No

D.	If your answer is "YES," answer the questions below:				
	1.	Identify the specific government agency or agencies, including the addresses, where you filed notice of your claim:			
	2.	Identify the type of written claim(s) you filed:			
	3.	Date your claim(s) were filed:			
	4.	Amount of monetary damages you requested in your claim(s):			
	5.	If you received a written Acknowledgment of receipt of your claim(s), state the:			
		I. Date of the written Acknowledgment:			
		ii. Claim Number assigned to your claim:			
E.	eithe	e BOP (or other government agency that received notice of your claim) or denied your claim or offered you a settlement that you did not accept, se state whether you requested reconsideration of your claim.  □ Yes □ No			
	1.	If you answered "YES," state the:			
		I. Date you requested reconsideration:			
		ii. Date the agency acknowledged receipt of your request for reconsideration:			

## VI. STATEMENT OF CLAIM

State here, as BRIEFLY as possible, the <u>facts</u> of your case. You must include allegations of specific wrongful conduct as to EACH and EVERY federal employee about whom you are complaining. Describe exactly what each federal employee did. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) LEGIBLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)

CLAIM 1: Defendant refuses to compensate for the loss of Claimant's Personal Property, although defendant has previously conceded to liability for the loss, having paid partial compensation for work tools, yet not for products.

Supporting Facts: Claimant was transferred from the Big Spring Correctional Center on March 27, 2012, without the GEO Group, Inc. staff properly ensuring that his personal property was secured, causing the loss of his craft tools and resources, as well as the craft work products derived therefrom.

the name of the	y each federal employee whose actions form a basis for this claim, and state he federal agency that employs each such individual:
With r individual wa occurred?	respect to each employee you have named above, state whether this s acting within the scope of his or her official duties at the time these claims  Yes  No
If your	answer is "YES," please explain:
 CLAIM 2:	

Supporting Facts:
Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:
With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred?   No
If your answer is "YES," please explain:
CLAIM 3:
Supporting Facts:
Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:
With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred?   No

If your answer is "YES," please explain:
CLAIM 4:
Supporting Facts:
Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:
With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred?   Yes  No
If your answer is "YES," please explain:
CLAIM 5:
Supporting Facts:

Identify each federal employee whethe name of the federal agency that emp	hose actions form a basis for this claim, and state
	moys each such individual.
With respect to each employee individual was acting within the scope of occurred? □ Yes □ No	you have named above, state whether this f his or her official duties at the time these claims
If your answer is "YES," please e	explain:
VII. <u>INJURY</u>	
property damaged and the exact nature of irretrievably lost his personal art were part of the personal property regarding for its having neglected	FICALLY how you have been injured or your of your damages. Claimant has apparently eistic work-products which the record shows which the defendant conceded to liability to duly secure Claimant's personal property ary, and personal sentimental value.
VIII. <u>RELIEF</u>	
no legal arguments. Cite no cases o	What you want the Court to do for you. Make r statutes.  To damages, as well as render a nominal
award, together for monetary relief	of \$10,000.00 and an avowal of defendant's
notice by the Court to fulfill its	responsibility to secure its inmates
personal property.	
United States District Court 15	Northern District of West Virginia-2013

## DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at FCI Gilmer	on July 13, 2014 .
(Location)	(Date)
/s/	
	Your Signature